MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO. 07/120,947 | FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51					
2		1					52					
3		2					53					
4		3					54					
5		2					55					
6		3					56					
7		3					57					
8							58					
9							59					
10							60					
11							61					
12							62					
13							63					
14							64					
15							65					
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17							67					
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38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.			1				TOTAL IND.					
TOTAL DEP.			10				TOTAL DEP.					
TOTAL CLAIMS			11				TOTAL CLAIMS					

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OF SAME